

Name:

Date:

Name (when enrolled):

Date of Birth:

Current Address:

Email:

Dates of Attendance: From year to year ___ undergraduate ___ post-graduate ___ graduate

Signature (required--cannot be typed): _____
I hereby authorize Houghton University to release my transcript

Total # of Transcripts Needed ___ official (mail only) ___ unofficial (email)

___ Hold for Final Grades ___ Hold for Graduation Date

Address/Email to send transcript to:

Purpose for requesting transcript:

Fee: **\$10** per **official** transcript (USPS)
\$11 per **official** transcript (international mail)

Indicate how you are paying:

___ Check ___ Cash ___ Money Order

We will not hold your transcript for payment if you need to send it separately.

Note about checks: Checks can be made out to Houghton University. It can take up to 30 days for checks to be processed. If you plan to close your account or have insufficient funds before your check is processed, please let us know by email to registrarsoffice@houghton.edu to avoid an additional \$18 NSF fee.

For Office Use Only

Amount paid ___ Cash ___ Check ___ Money Order ___

Prepared by _____ Date _____